

Country Kids Pre-School & Learning Center

6 Trafalgar Square Trafalgar, IN 4618

Phone: (317)-878-2373



Photo Permission

Country Kids Pre-School & Childcare employees have permission to photograph my child, _____, for the purpose of including the pictures in classroom decorations, parent/guardian gifts, classroom newsletter, and Country Kids Pre-School & Childcare Facebook Page.

Parent Signature: _____ Date: _____

Parent Email & Text Messages

Every Friday, we send out classroom emails which include your child's lesson plan, parent letters, and Indiana Foundations for the upcoming week. Included in the text of the email will be some important news from the office. If you would like to receive this email weekly please let Ashley know.

_____ YES, I would like to receive weekly emails and/or text messages detailing what my child is doing in class and account updates.

_____ NO, I would not like to receive communication via email and/or text messages from Country Kids Pre-School & Childcare

Child/ren's names: _____

Parent Name: _____ email: _____

Parent Name: _____ email: _____



Country Kids Pre-School & Childcare

Childhood Background

Child's Name: _____ Nickname: _____

Address: _____ Phone: _____

{Address & phone child will be learning it}

Family Information:

Mom's Name: _____ DOB: _____ SSN: _____

D. L. #: _____ Employer: _____ Phone: _____

Father's Name: _____ DOB: _____ SSN: _____

D. L. #: _____ Employer: _____ Phone: _____

Siblings: _____

Has your child attended other preschools? _____ Where: _____

Does your child have regular responsibilities at home? _____

Personal Background:

Does your child ask to use the restroom? _____ Do they assistance wiping? _____

What terms do they use for the restroom? _____

Can your child:

_____ put on shoes _____ put on boots _____ button coat

_____ tie shoes _____ buckle shoes _____ zip zippers

_____ button shirt _____ button pants

Are they any health issues which out school should be aware of?

Does your child have any unusual fevers? _____

What are your child's interest & hobbies? _____

Is there anything other information which you believe your child's teacher should know?



Country Kids Pre-School & Childcare

Safe Transportation of Food

When bringing in food from home Country Kids Pre-School & Childcare must be provided a signed waiver (see below) along with a note explaining your personal preference. Should your decision be because of a good allergy we will need a note from your doctor's office. If the decision is for personal reasons then please provide us a letter state as much. The food/drink items needs to be in clean, insulated, sanitizable containers with the date of preparation and the name of the child. Each child must have his/her own portions of food that are packaged separately and labeled with both name and date.

Bureau of Child Care

Division of Family Resources

Safe Transportation of Food Responsibility

Food must be brought to the facility in clean, insulated, sanitizable containers, which keeps cold food at 41°F or below and hot food at 135° or above. Containers must be clearly labeled with the child's name and date of preparation. Upon receiving the food from the parent, the facility shall verify the temperature of the food. When potentially hazardous food temperature is not correct, the facility will not accept the food. Upon accepting the food, facility shall maintain correct food temperatures until served.

Parent Agreement

I, _____ {Parent's Name}, will provide food for
_____ {Child's Name}. I take full responsibility for the
safety of my child's food during preparation, storage, and transportation to the
facility.

Parent Signature: _____

Date: _____

Provided Doctor's Note

Country Kids Pre-School & Childcare

General/Emergency/ Medical Information

Child's Name: _____ DOB: _____ Gender: _____

Preferred Name: _____ Classroom: _____

Permission to transport to & from School: _____ School: _____ Grade: _____

Permission for field trips? (ages 3 & up) _____

Parent/Guardian Information

Name of Enrolling Parent: _____ Phone: _____

Street Address: _____ Cell Phone: _____

Employer: _____ Employer Address: _____

Employer phone: _____ ext.: _____ Marital Status: _____

Parent's relationship: _____ Custody Agreement: Y or N Custody Papers: Y or N

Name of Alternate Parent: _____ Phone: _____

Street Address: _____ Cell Phone: _____

Employer: _____ Employer Address: _____

Employer Phone: _____ ext.: _____ Marital Status: _____

Parent's Relationship: _____ Authorized to pick-up: _____

Authorized to share account information: _____

Who will be responsible for Payments? _____

Alternate Contact: _____ Phone: _____

Relationship with child: _____ Authorized to Pick-up: _____

Alternate Contact: _____ Phone: _____

Relationship with Child: _____ Authorized to Pick -up: _____

Child's Doctor: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Hospital Preference: _____

Enrolling Parent's Signature: _____ Date: _____

Alternate Parent's Signature: _____ Date: _____

Center Director's Signature: _____ Date: _____